

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X1000

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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Establishment Name Charlestown Road Southern Beptist Establishment Address (number and street, city, state, zip code)					Telephone Number		Date of Inspection ID # (mm/dd/yr)		
Establishment Address (number and street site; state with and a)						2/4/2019 18-45			
2402 Charleston Rd Henry 12 47150					() Owner	-/ 1/-			
Owner					Purpose:				
					1. Routine	No 10 days			
Owner's Address					2. Follow-up	2. Follow-up Summary of Violations:			
					3. Complaint	`			
Person in (··		4. Pre-Operational	C NC R R			
Dr. Steven Faith					5. Temporary	150	* " * " (V 		
Responsible Person's E-mail					Menu Type (See back of page)			c of page)	
					6. HACCP				
Certified Food Handler					7. Other (list)	1 2 3 4 5			
						<u> </u>			
			ITFIED IN THE CHECKLIST						
• VIOLATIO	ON(S) REPE	EATED FI	ROM PREVIOUS INSPECTIO	ONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" A	AND IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R		Narrative	e	- [To Be Co	Be Corrected By	
			· ·					· · · · · · · · · · · · · · · · · · ·	
			No violation				 ,,		
		 	No VIOLATIO	<u> </u>	 ·				
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